

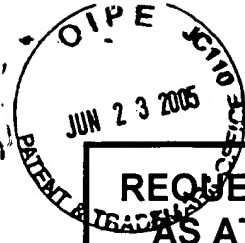
EPW 1631  
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence during pendency of filed application)</i>		Application Number	10/388,263
		Filing Date	March 12, 2003
		First Named Inventor	Lex M. Cowsert
		Group Art Unit Number	1631
		Examiner Name	Ardin H. Marschel
Total Number of Pages in This Submission	2	Attorney Docket Number	23546-08762/ISIS-4503

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
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SIGNATURE OF ATTORNEY OR AGENT		
Signature:		
Attorney/Reg. No.:	Susan T. Hubl/Reg. No. 47,668	Dated: 06/2/05

CERTIFICATE OF MAILING		
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.		
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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/388,263
Filing Date	March 12, 2003
First Named Inventor	Lex M. Cowser
Group Art Unit	1631
Examiner Name	Ardin H. Marschel
Attorney Docket Number	23546-08762/ISIS-4503

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client has requested this application be transferred to new counsel.

1. ☐ The correspondence address is NOT affected by this withdrawal.  
2. ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Paul K. Legaard, Ph.D.				
Address	Cozen O'Connor				
Address	1900 Market Street				
City	Philadelphia	State	PA	Zip	19103
Country	US				
Telephone	(215) 665-2000	Fax	(215) 665-2013		

☒ This request is made on behalf of myself and  
☐ all the attorneys/agents of record,  
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
☒ the attorneys/agents associated with Customer Number ~~00750~~ 35807  
on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	Susan T. Hubl, Ph.D. Patent Agent 47668
Signature	<i>[Handwritten Signature]</i>
Date	June 21, 2005

NOTE: Withdrawal is effective when approved rather than when received.  
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.